

UNITED STATES DISTRICT COURT

EASTERN

District of MASS

OUEGBOLA, ADE  
v.

SUMMONS IN A CIVIL CASE

RIDGE, TOM  
DHS et al.

CASE NUMBER:

04-10318-RGS

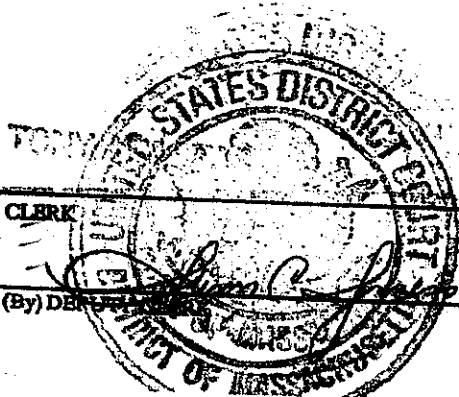
TO: (Name and address of Defendant)

TOM RIDGE, SECRETARY  
Office of General Counsel  
U.S. DHS  
Washington MA 20258

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

ADE G. OUEGBOLA pro se  
46 Birchwood Rd 4417  
Randolph, MA 02368  
(781) 963 0304

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



2-17-04

DATE

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE					
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <div style="text-align: right; font-size: 1.2em;">02-17-2004</div>				
NAME OF SERVER (PRINT) <div style="font-size: 1.2em;">OYEGBOLA ADE</div>	TITLE <div style="font-size: 1.2em;">Pro Se.</div>				
Check one box below to indicate appropriate method of service					
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____					
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____					
<input type="checkbox"/> Returned unexecuted: _____					
<input checked="" type="checkbox"/> Other (specify): <u>U.S. Postal Service Certified Mail with</u> <u>Return Receipt # 7000 0500 0004 4005 3070</u>					
STATEMENT OF SERVICE FEES					
TRAVEL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">SERVICES</td> <td style="width: 40%; border-bottom: 1px solid black;">TOTAL</td> </tr> <tr> <td style="text-align: right; font-size: 1.2em;">\$6.95</td> <td style="text-align: right; font-size: 1.2em;">\$6.95</td> </tr> </table>	SERVICES	TOTAL	\$6.95	\$6.95
SERVICES	TOTAL				
\$6.95	\$6.95				
DECLARATION OF SERVER					
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">           Executed on <u>02-17-2004</u>  <small>Date</small> </div> <div style="width: 60%; text-align: center;">   <small>Signature of Server</small> </div> </div> <div style="text-align: center; margin-top: 20px;"> <u>46 Birchwood Rd 0417 Randolph, MA 02368</u>  <small>Address of Server</small> </div>					

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature: <b>X</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
<p><b>Tom Ridge, Secretary</b>  <b>Office of General Counsel</b>  <b>U.S. Department of Homeland Security</b>  <b>Washington, DC 20258</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>	
2. Article Number (Transfer from service label)		3. Service type	
<p><b>Case No 04-10318 RGS</b>  <b>7003 0500 0004 4005 3070</b></p>		<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1640	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
<b>OFFICIAL USE</b>		
Postage	\$ 2.90	<p>UNIT ID: 0500</p> <p>Postmark Here</p> <p>Clerk: KK5220</p> <p>02/17/04</p>
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.95	
<p>Sent To: <b>Tom Ridge</b></p> <p>Street, Apt. No., or PO Box No.: <b>DHS</b></p> <p>City, State, ZIP+4: <b>Washington, DC</b></p>		
PS Form 3800, June 2002		See Reverse for Instructions